FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 30 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # S84661

1. Corporation Name: Compscript, Inc.

Principal Place of Business / Mailing Address

1225 Broken Sound Parkway N.W.
Suite A
Boca Raton, Florida 33487

500001504135
-06/02/95--01012--006
******8.75 ******8.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24, Country 25	Zip 29, Country 30

3. Date Incorporated or Qualified: 10-31-91
3a. Date of Last Report: 2-15-94
4. FEI Number: 65-0286244 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: XX — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Kahan, Brian A.
20975 Pinar Trail
Boca Raton, Florida 33423

10. Name and Address of New Registered Agent

81 Name: Steve Ellis
82 Street Address (P.O. Box Number is Not Acceptable): 1225 Broken Sound Parkway N.W.
83 Suite A
84 City: Boca Raton FL 85 Zip Code: 33487

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] Steve Ellis DATE 5/17/95

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	Kahan, Brian A.
STREET ADDRESS	20975 Pinar Trail
CITY-ST-ZIP	Boca Raton, Fla.
TITLE	ST
NAME	Ellis, Steve
STREET ADDRESS	7039 Encina Lane
CITY-ST-ZIP	Boca Raton, Fla 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	500001504135 -06/02/95--01012--007 ****225.00 ****225.00
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	5/30/95 MA
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D, CEO, C	XX Change ☐ Addition
12 NAME	Kahan, Brian	
13 STREET ADDRESS	20975 Pinar Trail	
14 CITY-ST-ZIP	Boca Raton, Florida 33487	
21 TITLE	D, ST	XX Change ☐ Addition
22 NAME	Ellis, Steve	
23 STREET ADDRESS	7039 Encina Lane	
24 CITY-ST-ZIP	Boca Raton, Fla 33433	
31 TITLE	D, P	☐ Change XX Addition
32 NAME	Altieri, Gerard	
33 STREET ADDRESS	685 Chagrin River Rd.	
34 CITY-ST-ZIP	Gates Mills, OH 44040	
41 TITLE	D, Executive V.P.	☐ Change XX Addition
42 NAME	Reith, Ronald	
43 STREET ADDRESS	3714 S.E. Malibu Lane	
44 CITY-ST-ZIP	Stuart, Fla 34997	
51 TITLE	D	☐ Change XX Addition
52 NAME	Edelheit, Robert	
53 STREET ADDRESS	5887 N.W. 24th Ave (# 1202)	
54 CITY-ST-ZIP	Boca Raton, Fla 33496	
61 TITLE	D	☐ Change XX Addition
62 NAME	Heimberg, Paul	
63 STREET ADDRESS	20982 Pinar Trail	
64 CITY-ST-ZIP	Boca Raton, Fla 33433	SEE PAGE 2

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] BRIAN A. KAHAN — 5/17/95 — (407) 994-8585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NOW, FILING FEE AMOUNT IS $550.00

CORPORATION
ANNUAL REPORT
1995

FILED
In the Office of the Secretary of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Page 2

DOCUMENT # S84661
Current Name

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10-31-91
3a. Date of Last Report: 2-15-94

Principal Place of Business | 2a. Mailing Address (26)
Apt. #, etc. | Suite, Apt. #, etc. (27)
City & State | City & State (28)
Country (25) | Zip (29) | Country (30)

4. FEI Number: 65-0286244 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL | 85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Type or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	11 TITLE: D, VP ☐ Change ☒ Addition
ADDRESS	12 NAME: Little, Martha
	13 STREET ADDRESS: 1220 N. Swinton Ave.
ZIP	14 CITY-ST-ZIP: Delray Beach, Fla 33444
	21 TITLE: D ☐ Change ☒ Addition
ADDRESS	22 NAME: Leonard, Malcolm
	23 STREET ADDRESS: 3810 Hollywood Blvd.
ZIP	24 CITY-ST-ZIP: Hollywood, Fla 33021
	31 TITLE ☐ Change ☐ Addition
ADDRESS	32 NAME
	33 STREET ADDRESS
ZIP	34 CITY-ST-ZIP
	41 TITLE ☐ Change ☐ Addition
ADDRESS	42 NAME
	43 STREET ADDRESS
ZIP	44 CITY-ST-ZIP
	51 TITLE ☐ Change ☐ Addition
ADDRESS	52 NAME
	53 STREET ADDRESS
ZIP	54 CITY-ST-ZIP
	61 TITLE ☐ Change ☐ Addition
ADDRESS	62 NAME
	63 STREET ADDRESS
ZIP	64 CITY-ST-ZIP

I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #